	,	PATENT APPLICATION FEE DETERMINATION RECOF						RD	Application or Docket Number 0 9/975, 34/ 0997534/				
		CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	NTITY	OR	OTHER	
	TC	TOTAL CLAIMS						1	RATE	FEE	1	RATE	FEE
	FC	A	NUMBER FILED		NUMBER EXTRA			Basic Fe	₹ 370.00	OB	Basic Fee	740.00	
	70	OTAL CHARGEABLE CLAIMS		∂5 minus 20=		• 5-			X\$ 9=	45	OR	X\$18=	
	<u> </u>	EPENDENT CL		4_ minus 3 =		1		I	X42=	42	OR	X84=	
	MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				ı	+140=	1	1		
	• if	If the difference in column 1 is less than zero, enter "0" in column 2								1467	OR	+280=	
		CLAIMS AS AMENDED - PART II								457	OR	TOTAL	
				SMALL	ENTITY	OR	OTHER SMALL						
	MENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
_	AMENDM	Total	٠ ٢	Minus	- 3	25	• >		X\$ 9=	-	OR	X\$18=	
2	Ą	Independent	NTATION OF MI	Minus STIPLE NO	SENINGAN	74 F.CLA94			X42=		OR	X84=	
	_			ENFOL DOP ENDENT		COGM		ſ	+140=		OR	+280=	
								TOTA			OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)										•		
3	AMENDMENT B		REMAINING AFTER- AMENDMENT		NUM	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ż	S.	Total	• 3	Minus	-2	5	•/		X\$ 9=		OR	X\$18=	
	₹	Independent	ACTADON OF ME	Minus	TIPLE DEPENDENT CLAIM				X42=		OR	X84=	
	_	THO! PILOL	SAIN OF OF ME	DETAPLE DEPENDENT		CLAIM			+140=		OR	+280=	
		1.1-									OR	TOTAL ADDIT, FEE	
	5	5/20/05 (Column 1) (Column 2) (Column 3)										, , , , , , , , , , , , , , , , , , ,	
	AENT C.		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	AMENDME	Total	. 12	Minus	- 2	5	• ~	ſ	X\$ 9=		OR	X\$18=	
	AME	Independent	· 2	euniM	••• Z	_	• -		X42=			X84=	
	_ _	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	OR		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE in less than 20, enter "20."										OR	+280=	
1		ll the "Highest Nu If the "Highest Nu	mber Previously Pa Imber Previously Pa	id For IN THE als For IN TH	S SPACE	is less tha is less tha	n 20, enter "20." n 3. enter "3."		TOTAL DOIT, FEE	<u> </u>		TOTAL ADDIT, FEE	
ı		The "Highest Pain	nber Previously Pal	d For (Total o	r Independ	leni) is the	highest number	fou	nd in the a	ppropriate bo	x in coi	uma 1.	

FORM PTO-075 (Rox 9/01)

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